

[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form- June 2024]

Form of Nomination for Death Insurance for CTC Employees			
I Fozeelet s/d/w/o Walli M bearing			
s/d/w/o_localli M			
CNIC # 17301 8426 90 22 bearing			
CNIC # 1730 1 8426 90 22 working as bearing nominate the person/ persons mentioned below who is / are well (1) hereby			
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the			
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	
Nominees	1	opecation of Share	Contact Number
	l ₂		
ehmo o			
1960 min of	25. B	50000 lak	e 03147111738
Live S. (w ju . doll)	- 2	200000[U/1	20319/11/38
Lager (,	
/T			
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	C :(: .:	
Nominees	relationship	Specification of Share	Contact Number
		98 T	
44:	I P		
Wall M	1-mile 1- 1		
west, i.	Huls band	100 %	03147/11736
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me. me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
do cancenca and of no effect			
		CICNIATION	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	

0.24